

SEP 12 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Benton
 Township Pom
 City J. C. Williams (No. 61)

Registration District No. 61
 Primary Registration District No. 5096

File No. 28281
 Registered No. 33

2. FULL NAME

(a) Residence, No. 4 Gayette Mo - St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 30 1850
 7. AGE YEARS 84 MONTHS 3 DAYS 5 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Don't know
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
 10. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 13. NAME Don't know
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) do
 15. MAIDEN NAME do
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) do
 17. INFORMANT Mrs. A. Gover (ADDRESS) Warrens mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Gayette mo DATE Aug 7 1934
 19. UNDERTAKER Emm White (ADDRESS) Warrens mo
 20. FILED 8-5-34 J. A. Logan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5 1934

22. I HEREBY CERTIFY, That I attended deceased from none, 1934, to none, 1934.
 I last saw him alive on Aug 5 1934 Death is said to have occurred on the date stated above, at 99 m.

The principal cause of death and related causes of importance were as follows:

Suicide by drowning
Jumped off bridge
at Warsaw mo into
Rate of Ozarko
 Date of onset 166

Other contributory causes of importance:

Name of operation None f. Date of Coroners inquest
 What test confirmed diagnosis Coroners inquest Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Suicide Date of injury -, 1934
 Where did injury occur? Warsaw mo (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury -
 Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify Coroners
 (Signed) James H. Logan M. D.
 (Address) Warrens mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHEN FADING INK—THIS IS A PERMANENT RECORD

